

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of: Illinois  
(State)

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport)  Bring your picture identification to your meeting with the trustee.	<p>First name: <u>Patricia</u> Middle name: <u>Ashley</u> Last name: <u></u> Suffix (Sr., Jr., II, III): <u></u></p>	<p>First name: _____ Middle name: _____ Last name: _____ Suffix (Sr., Jr., II, III): _____</p>
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	<p>First name: _____ Middle name: _____ Last name: _____ First name: _____ Middle name: _____ Last name: _____</p>	<p>First name: _____ Middle name: _____ Last name: _____ First name: _____ Middle name: _____ Last name: _____</p>
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	<p>XXX - XX- <u>3136</u> OR 9 XX - XX- _____</p>	<p>XXX - XX- _____ OR 9 XX - XX- _____</p>

Debtor 1 Patricia  
First Name

Middle Name

Ashley  
Last Name

Case number (if known)

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

**About Debtor 1:**

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

14913 Cottage Grove

Number Street

Dolton Illinois 60419  
City State Zip Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

City State Zip Code

**If Debtor 2 lives at a different address:**

Number Street

City State Zip Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

City State Zip Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  
 I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  
 I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

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**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

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**9. Have you filed for bankruptcy within the last 8 years?**

No.

Yes. District Northern District of Illinois When MM / DD / YYYY Case number 15-31516  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

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**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No.

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

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**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

- No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City State Zip Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

- No.  
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State Zip Code

Debtor 1 Patricia  
First Name

Ashley  
Middle Name  
Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**About Debtor 1:**

**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts. <hr/>		
<b>17. Are you filing under Chapter 7?</b> <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No. <input type="checkbox"/> Yes.		
<b>18. How many creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<b>19. How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

<b>For you</b>	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>		
	<small>/s/ Patricia Ashley</small> Signature of Debtor 1		<small>Signature of Debtor 2</small>
Executed on <u>5/30/2017</u> <small>MM / DD / YYYY</small>	Executed on <u>                  </u> <small>MM / DD / YYYY</small>		

Debtor 1 Patricia \_\_\_\_\_  
First Name Ashley \_\_\_\_\_  
Middle Name Last Name Case number (if known) \_\_\_\_\_

**For your attorney, if you  
are represented by one** I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about  
eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the  
relief available under each chapter for which the person is eligible. I also certify that I have delivered to the  
debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I  
have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not  
represented by an  
attorney, you do not  
need to file this page.**

/s/ Chris Pryor  
Signature of Attorney for Debtor

Date

5/30/2017  
MM / DD / YYYY

Chris Pryor  
Printed name

Semrad Law Firm  
Firm name

11101 S. Western Avenue  
Street

Chicago  
City

Illinois  
State

60643  
Zip Code

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_ [cpryor@semradlaw.com](mailto:cpryor@semradlaw.com)

Bar number

Illinois  
State

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Patricia		Ashley	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (If known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

**Your assets**  
Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$6,286.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$6,286.00

#### Part 2: Summarize Your Liabilities

**Your liabilities**  
Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$0.00
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$6,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$182,210.83

**Your total liabilities** \$188,210.83

#### Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$5,114.81
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5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> .....	\$4,514.00
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Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes.

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$7,384.57

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$6,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$159,935.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$165,935.00

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2

Yes. Where is the property?

1.1 Street address, if available, or other description \_\_\_\_\_

Number Street \_\_\_\_\_

City State Zip Code \_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?** \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.** \_\_\_\_\_

**Check if this is community property (see instructions)**



**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

If you own or have more than one, list here:

1.2 Street address, if available, or other description \_\_\_\_\_

Number Street \_\_\_\_\_

City State Zip Code \_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?** \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.** \_\_\_\_\_

**Check if this is community property (see instructions)**



**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Debtor 1	Patricia	Ashley	Case number (if known)
First Name	Middle Name	Last Name	
1.3 Street address, if available, or other description			<b>What is the property? Check all that apply.</b>
			<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____
Number	Street	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
City	State	Zip Code	
			<b>Current value of the entire property? Current value of the portion you own?</b>
			Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
			<b>Check if this is community property (see instructions)</b>
			<input type="checkbox"/>
			<b>Other information you wish to add about this item, such as local property identification number:</b> _____
<b>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.</b> ►			

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
3.1 Make Model: Pontiac Grand Prix Year: 2004 Approximate mileage: 150000	
Other information: 2004 Pontiac Grand Prix	
<b>Who has an interest in the property? Check one.</b>	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this is community property (see instructions)</b>	
<input type="checkbox"/>	
3.2 Make Model: _____ Year: _____ Approximate mileage: _____	
Other information: _____	
<b>Who has an interest in the property? Check one.</b>	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<b>Check if this is community property (see instructions)</b>	
Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
<b>Current value of the entire property? Current value of the portion you own?</b>	
\$1550.00 \$1550.00	
Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
<b>Current value of the entire property? Current value of the portion you own?</b>	

Debtor 1 Patricia		Ashley	Case number (if known)
First Name	Middle Name	Last Name	
3.3 Make Model: Year: Approximate mileage:		<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	
Other information:		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
3.4 Make Model: Year: Approximate mileage:		<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	
Other information:		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
<b>4 Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories</b> Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.1 Make Model: Year: Approximate mileage:		<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	
Other information:		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
4.2 Make Model: Year: Approximate mileage:		<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this is community property</b> (see instructions)	
Other information:		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
<b>5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here</b> ..... <span style="border: 1px solid black; padding: 2px;">\$1550.00</span>			

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 3: **Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe... Miscellaneous goods and furniture

\$335.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music

No

Yes. Describe... TV/Cellular Phone

\$412.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe...

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe...

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe...

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe... Miscellaneous clothing

\$500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe... Miscellaneous jewelry

\$89.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe...

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Describe...

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$1336.00

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

Part 4: **Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: .....

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes

Institution name:

17.1. Checking account:	Chase Bank	\$200.00
17.2. Checking account:	_____	_____
17.3. Savings account:	Chase Bank	\$200.00
17.4. Savings account:	_____	_____
17.5. Certificates of deposit:	_____	_____
17.6. Other financial account:	_____	_____
17.7. Other financial account:	_____	_____
17.8. Other financial account:	_____	_____
17.9. Other financial account:	_____	_____

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes

Institution or issuer name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them

Name of entity	% of ownership:
_____	_____
_____	_____
_____	_____
_____	_____

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about Issuer name:  
them.....

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21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:	Institution name:
401(k) or similar plan:	General Services Administration 401(k) Retirement \$3000.00
Pension plan:	
IRA:	
Retirement account:	
Keogh:	
Additional account:	
Additional account:	

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes....

Electric:	Institution name:
Gas:	
Heating oil:	
Security deposit on rental unit:	
Prepaid rent:	
Telephone:	
Water:	
Rented furniture:	
Other:	

23. **Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes....

Issuer name and description:	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

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25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Describe...

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26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Describe...

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27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Describe...

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### Money or property owed to you?

### Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal:	\$0.00
State:	\$0.00
Local:	\$0.00

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information.....

Alimony:	\$0.00
Maintenance:	\$0.00
Support:	\$0.00
Divorce settlement:	\$0.00
Property settlement:	\$0.00

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Describe...

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Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company  
of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

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**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Describe...  

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe...  

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe...  

**35. Any financial assets you did not already list**

No

Yes. Describe...  

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here ►**

\$3400.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe...  

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe...

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_

First Name

Middle Name

Ashley

Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe...  

41. Inventory

No

Yes. Describe...  

42. Interests in partnerships or joint ventures

No

Yes. Give specific information about them

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....  

44. Any business-related property you did not already list

No

Yes. Give specific information .....

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....

Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes. Describe...

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

48. Crops-either growing or harvested

No

Yes. Describe...  

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes. Describe...  

50. Farm and fishing supplies, chemicals, and feed

No

Yes. Describe...  

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Describe...  

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached  
for Part 6. Write that number here ..... ►  

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information    
   
 

54. Add the dollar value of all of your entries from Part 7. Write that number here ..... ►  

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 ..... ►  

56. part 2 total vehicles, line 5 \$1550.00

57. Part 3: Total personal and household items, line 15 \$1336.00

58. Part 4: Total financial assets, line 36 \$3400.00

59. Part 5: Total business-related property, line 45  

60. Part 6: Total farm- and fishing-related property, line 52  

61. Part 7: Total other property not listed, line 54  

62. Total personal property. Add lines 56 through 61. .... \$6286.00

Copy personal property total ► +\$6286.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. .... \$6286.00

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Illinois (State)	
Case number (If known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>		
Brief description: <u>Pontiac Grand Prix, 2004, 2004 Pontiac Grand Prix</u>	\$1,550.00	<input checked="" type="checkbox"/> \$1,550.00; \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B:</i> 03			735 ILCS 5/12-1001(b)
Brief description: <u>Checking account, Chase Bank</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B:</i> 17			

3. Are you claiming a homestead exemption of more than \$160,375?

*(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)*

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Savings account, Chase Bank</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 17			
Brief description: <u>Miscellaneous goods and furniture</u>	\$335.00	<input checked="" type="checkbox"/> \$335.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 06			
Brief description: <u>Miscellaneous clothing</u>	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Line from Schedule A/B: 11			
Brief description: <u>401(k) or similar plan, General Services Administration 401(k) Retirement</u>	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006
Line from Schedule A/B: 21			
Brief description: <u>TV/Cellular Phone</u>	\$412.00	<input checked="" type="checkbox"/> \$412.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 07			
Brief description: <u>Miscellaneous jewelry</u>	\$89.00	<input checked="" type="checkbox"/> \$89.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 12			

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A <b>Amount of claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>	Column C <b>Unsecured portion</b> If any
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Fill in this information to identify your case:

Debtor 1	First Name Patricia	Middle Name 	Last Name Ashley
Debtor 2 (Spouse, if filing)	First Name 	Middle Name 	Last Name 
United States Bankruptcy Court for the:	Northern		District of Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 IRS 1 Priority Creditor's Name PO Box 7346 Number Street Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00	\$6,000.00	\$0.00
Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

	Total claim
<b>4.1</b> ADT	<b>\$1,065.00</b>
Nonpriority Creditor's Name 111 Windsor Dr	Last 4 digits of account number _____
Number Street	When was the debt incurred? _____ n/a
Oak Brook Illinois 60523	As of the date you file, the claim is: Check all that apply.
City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -
<b>Check if this claim relates to a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>4.2</b> Advocate Christ Medical Center	<b>\$117.00</b>
Nonpriority Creditor's Name 4440 W 95th St	Last 4 digits of account number _____
Number Street	When was the debt incurred? _____ n/a
Oak Lawn Illinois 60453	As of the date you file, the claim is: Check all that apply.
City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -
<b>Check if this claim relates to a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>4.3</b> Advocate Health Care	<b>\$62.00</b>
Nonpriority Creditor's Name PO Box 48458	Last 4 digits of account number _____
Number Street	When was the debt incurred? _____ n/a
Oak Park Michigan 48237	As of the date you file, the claim is: Check all that apply.
City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Who incurred the debt?</b> Check one.	<b>Type of NONPRIORITY unsecured claim:</b>
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -
<b>Check if this claim relates to a community debt</b>	
<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.4	Advocate Medical Group Nonpriority Creditor's Name 8550 W Byn Mawr Ave # 8th Floor Number Street			Last 4 digits of account number	\$0.00
			When was the debt incurred?	n/a	
			As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent		
			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans		
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
			<input checked="" type="checkbox"/> Other. Specify _____ Notice Only		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.5	AFNI Nonpriority Creditor's Name PO BOX 3097 Number Street			Last 4 digits of account number	\$1,031.00
			When was the debt incurred?	n/a	
			As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent		
			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans		
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
			<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.6	ALCOA Billing Center Nonpriority Creditor's Name 3429 Regal Dr Number Street			Last 4 digits of account number	\$10.83
			When was the debt incurred?	n/a	
			As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent		
			<input type="checkbox"/> Unliquidated		
			<input type="checkbox"/> Disputed		
			Type of NONPRIORITY unsecured claim:		
			<input type="checkbox"/> Student loans		
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
			<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim relates to a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim	
4.7 AMG Heart and Vascular of IL Nonpriority Creditor's Name 75 remittance Drive Number Street 155  Chicago Illinois 60675 City State Zip Code					Last 4 digits of account number _____ When was the debt incurred? n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$139.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Medical bills	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
4.8 ARS Nonpriority Creditor's Name 1801 NW 66TH AVE SUITE 200 Number Street  FORT LAUDERDAL Florida 33313 City State Zip Code					Last 4 digits of account number _____ When was the debt incurred? n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
4.9 Asset Recovery Solutions LLC Nonpriority Creditor's Name 2200 E Devon Ave, Suite 200 Number Street  Des Plaines Illinois 60018 City State Zip Code					Last 4 digits of account number _____ When was the debt incurred? n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$459.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.10	AT&T Mobility II LLC Nonpriority Creditor's Name One AT&T Way Room 3A104 Number Street  Bedminster New Jersey 07921 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	\$1,031.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.11	BCA FINANCIAL SERVICES Nonpriority Creditor's Name 18001 OLD CUTLER RD STE Number Street  PALMETTO BAY Florida 33157 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	\$397.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	Blue Cross and Blue Shield of Illinois Nonpriority Creditor's Name PO Box 7344 Number Street  Chicago Illinois 60680 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	\$0.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.13	City of Chicago - Dep't of Revenue Nonpriority Creditor's Name PO Box 88292 Number Street  Chicago Illinois 60608 City State Zip Code	Last 4 digits of account number _____  <b>When was the debt incurred?</b> _____ n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$344.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Parking/camera tickets	
<b>4.14</b> City of Chicago - Dep't of Revenue Nonpriority Creditor's Name PO Box 88292 Number Street  Chicago Illinois 60608 City State Zip Code		Last 4 digits of account number _____  <b>When was the debt incurred?</b> _____ n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$244.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Camera ticket	
<b>4.15</b> City of Chicago - Dep't of Revenue Nonpriority Creditor's Name PO Box 88292 Number Street  Chicago Illinois 60608 City State Zip Code		Last 4 digits of account number _____  <b>When was the debt incurred?</b> _____ n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	

Debtor 1	First Name	Ashley	Middle Name	Last Name	Case number (if known)
<b>Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page</b>					
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.					Total claim
4.16	CMRE FINANCIAL SERVICE Nonpriority Creditor's Name 3075 E IMPERIAL HWY STE Number Street		Last 4 digits of account number	n/a	\$9.72
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					As of the date you file, the claim is: Check all that apply.
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
					Type of NONPRIORITY unsecured claim:
					<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____
4.17	Commonwealth Edison Nonpriority Creditor's Name PO Box 6111 Number Street		Last 4 digits of account number	n/a	\$589.00
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					As of the date you file, the claim is: Check all that apply.
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
					Type of NONPRIORITY unsecured claim:
					<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____
4.18	Commonwealth Edison Nonpriority Creditor's Name PO Box 6111 Number Street		Last 4 digits of account number	n/a	\$0.00
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					As of the date you file, the claim is: Check all that apply.
					<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
					Type of NONPRIORITY unsecured claim:
					<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only _____

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.19	Consultants in Clinical Pathology, LTD Nonpriority Creditor's Name Po Box 5979 Number Street  Carol Stream Illinois 60197 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4.02
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Medical bill	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.20	Convergent Nonpriority Creditor's Name po box 1022 Number Street  Wixom Michigan 48393 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$489.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.21	Credit Bureau Centre Nonpriority Creditor's Name PO Box 273 Number Street  Monroe Wisconsin 53566 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$364.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.22	Credit Collection Services Nonpriority Creditor's Name 2 Wells Ave Number Street  Newton Center Massachusetts 02459 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	\$53.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.23	Credit Management Nonpriority Creditor's Name 4200 INTERNATIONAL Number Street  CARROLLTON Texas 75007 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	\$307.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.24	CREDITONEBNK Nonpriority Creditor's Name PO BOX 98872 Number Street  LAS VEGAS Nevada 89193 City State Zip Code	Last 4 digits of account number _____ 2668 When was the debt incurred? _____ 9/2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ CreditCard	\$379.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.25	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street	Last 4 digits of account number <u>5739</u>	\$82,067.00
	LINCOLN Nebraska 68508 City State Zip Code	When was the debt incurred? <u>12/2016</u>	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.26	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street	Last 4 digits of account number <u>5639</u>	\$66,778.00
	LINCOLN Nebraska 68508 City State Zip Code	When was the debt incurred? <u>12/2016</u>	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.27	Diversified Services Group Nonpriority Creditor's Name 1824 W. Grand Ave, Suite 200 Number Street	Last 4 digits of account number <u>n/a</u>	\$301.00
	Chicago Illinois 60622 City State Zip Code	When was the debt incurred? <u>n/a</u>	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For -</u>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.28	Dolton Dental Nonpriority Creditor's Name 1350 E Sibley Blvd Number Street 302	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____	\$75.00
4.29	ECMC Nonpriority Creditor's Name 1803 Rocky River Road North Number Street  Monroe North Carolina 28110 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____	\$0.00
4.30	EMP Nonpriority Creditor's Name 100 S Owasso Blvd Number Street  Saint Paul Minnesota 55117 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Medical bills _____	\$62.80

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.31	Evergreen Anesthesia and Pain Management Service Nonpriority Creditor's Name PO Box 631 Number Street			Last 4 digits of account number _____	\$75.00
			When was the debt incurred? _____	n/a	
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____					
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.32	FIRST NATIONAL COLLECT Nonpriority Creditor's Name 610 WALTHAM WAY Number Street			Last 4 digits of account number _____	\$1,149.00
			When was the debt incurred? _____	n/a	
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Direct TV					
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.33	FIRST PREMIER BANK Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 Number Street c/o Kelly Lukason			Last 4 digits of account number _____	\$345.00
			When was the debt incurred? _____	2/2015	
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ CreditCard					
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1	Patricia	Ashley	Case number (if known)
First Name	Middle Name	Last Name	
<b>Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page</b>			
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			
			<b>Total claim</b>
4.34	Franciscan Alliance, Inc. Nonpriority Creditor's Name 28044 Network Place Number Street		Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Chicago	Illinois	Zip Code
			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.35	Global Executive Solutions Nonpriority Creditor's Name 4020 S. 57th Avenue Number Street		Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	104		
	Lake Worth	Florida	Zip Code
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.36	HCFS Healthcare Financial Services, LLC Nonpriority Creditor's Name 3429 Regal Drive Number Street		Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Alcoa Billing Center		
	Alcoa	Tennessee	Zip Code
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.37	HCFS Healthcare Financial Services, LLC Nonpriority Creditor's Name 3429 Regal Drive Number Street Alcoa Billing Center	Last 4 digits of account number _____	\$36.34
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	Collecting For - Medical bills
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.38	Home at Five Nonpriority Creditor's Name PO BOX 2848 Number Street	Last 4 digits of account number _____	\$364.00
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	Collecting For -
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.39	HRRG Nonpriority Creditor's Name P.O. Box 459080 Number Street	Last 4 digits of account number _____	\$36.00
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	Collecting For -
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.40	IC SYSTEM INC Nonpriority Creditor's Name PO BOX 64378 Number Street  SAINT PAUL Minnesota 55164 City State Zip Code	Last 4 digits of account number 4066 When was the debt incurred? 8/2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$188.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> 001 Collection; Collecting for ORIGINAL CREDITOR: AT T Other. Specify UVERSE	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.41	IC System Nonpriority Creditor's Name PO Box 64437 Number Street  Saint Paul Minnesota 55164 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$188.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For -	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.42	IICCL-Integrated Imaging Consultants, PLL Nonpriority Creditor's Name 44000 Garfield Rd. Number Street  Clinton Township Michigan 48038 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15.88
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting For - Medical Bills	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.43	Illinois Bell Telephone Company Nonpriority Creditor's Name PO Box 8100 Number Street	Last 4 digits of account number _____	\$414.00
	Aurora Illinois 60507 City State Zip Code	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	n/a
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Phone bill	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.44	Illinois Tollway Nonpriority Creditor's Name 2700 Ogden Ave Number Street Legal Dept	Last 4 digits of account number _____	\$85.60
	Downers Grove Illinois 60515 City State Zip Code	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	n/a
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Tollway violation	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.45	Infinity Smile Dental Nonpriority Creditor's Name 16280 Prince Dr. Number Street	Last 4 digits of account number _____	\$1,679.95
	South Holland Illinois 60473 City State Zip Code	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	n/a
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.46	Ingalls Memorial Hospital Nonpriority Creditor's Name PO BOX 3397 Number Street  Chicago Illinois 60654-0397	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.47	Ingalls Memorial Hospital Nonpriority Creditor's Name PO BOX 3397 Number Street  Chicago Illinois 60654-0397	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.48	ISAC Nonpriority Creditor's Name PO Box 6180 Number Street  Indianapolis Indiana 46206	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.49	JEFFERSON CAPITAL SYSTEM Nonpriority Creditor's Name 16 MCLELAND RD Number Street			Last 4 digits of account number _____	\$140.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.50	Keranique Nonpriority Creditor's Name PO box 1366 Number Street			Last 4 digits of account number _____	\$85.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.51	LCA Collections Nonpriority Creditor's Name PO Box 2240 Number Street Laboratory Corporation of America			Last 4 digits of account number _____	\$6.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.52	Little Company of Mary Nonpriority Creditor's Name 5660 W 95th St Number Street			Last 4 digits of account number _____	\$67.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For - Medicalbills	
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only			<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Yes	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
4.53	Med Business Bureau Nonpriority Creditor's Name PO Box 1219 Number Street			Last 4 digits of account number _____	\$58.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only			<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Yes	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
4.54	MiraMed Revenue Group, LLC Nonpriority Creditor's Name 991 Oak Creek Dr Number Street			Last 4 digits of account number _____	\$85.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only			<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Yes	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.55	Municipal Collections of America Nonpriority Creditor's Name 3348 Ridge Rd. Number Street  Lansing Illinois 60438 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$607.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For - Village of Dolton</u>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.56	National Service Bureau Inc. Nonpriority Creditor's Name 18912 N. Creek Parkway Number Street Ste 205  Bothell Washington 98011 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For - Protection 1 Security Solution</u>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.57	Nicor Gas Nonpriority Creditor's Name PO Box 0632 Number Street  Aurora Illinois 60507 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$733.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For -</u>	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.58	North Shore Agency Nonpriority Creditor's Name 270 Spagnoli Rd Number Street			Last 4 digits of account number _____	\$292.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.59	Northwestern Medicine Nonpriority Creditor's Name 28155 Network Pl Number Street			Last 4 digits of account number _____	\$100.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.60	Oak Dental Associates Nonpriority Creditor's Name 10232 Central Avenue Number Street			Last 4 digits of account number _____	\$634.55
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.61	Peoples Gas Light & Coke Co. Nonpriority Creditor's Name 200 E. Randolph St. Number Street			Last 4 digits of account number _____	\$1,374.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only			<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Yes	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
4.62	Protection One Nonpriority Creditor's Name PO Box 8118 Number Street			Last 4 digits of account number _____	\$361.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only			<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Yes	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				
4.63	Providea Health Partners, LLC Nonpriority Creditor's Name 10260 191st St Ste 100 Number Street			Last 4 digits of account number _____	\$423.00
				When was the debt incurred? _____	n/a
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	Who incurred the debt? Check one.			Is the claim subject to offset?	
	<input checked="" type="checkbox"/> Debtor 1 only			<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Debtor 2 only			<input type="checkbox"/> Yes	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim relates to a community debt				

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.64	radiology Imaging Consultants, SC Nonpriority Creditor's Name 75 Remittance Dr - dept 1324 Number Street	Last 4 digits of account number _____	\$7.81
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____	
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.65	REGION RECOV Nonpriority Creditor's Name 5252 HOHMAN Number Street	Last 4 digits of account number 9077	\$933.00
		When was the debt incurred? 10/2013	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Collection; Collecting for Other. Specify ORIGINAL CREDITOR: MEDICAL	
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.66	REGIONAL RECOVERY SERV Nonpriority Creditor's Name 5250 S HOMAN AVE Number Street	Last 4 digits of account number 2785	\$158.00
		When was the debt incurred? 12/2014	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: MEDICAL PAYMENT DATA; CHAPTER 13	
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.67	REGIONAL RECOVERY SERV Nonpriority Creditor's Name 5250 S HOMAN AVE Number Street			Last 4 digits of account number _____	\$0.00
				When was the debt incurred? _____	n/a
				<b>As of the date you file, the claim is:</b> Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				<b>Type of NONPRIORITY unsecured claim:</b>	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Notice Only	
	<b>Who incurred the debt?</b> Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.68	RIC Nonpriority Creditor's Name 345 E. Superior St. Number Street			Last 4 digits of account number _____	\$40.00
				When was the debt incurred? _____	n/a
				<b>As of the date you file, the claim is:</b> Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				<b>Type of NONPRIORITY unsecured claim:</b>	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Who incurred the debt?</b> Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.69	Southwest Laboratory Physicians, SC Nonpriority Creditor's Name Dept 77-9288 Number Street			Last 4 digits of account number _____	\$2.60
				When was the debt incurred? _____	n/a
				<b>As of the date you file, the claim is:</b> Check all that apply.	
				<input type="checkbox"/> Contingent	
				<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed	
				<b>Type of NONPRIORITY unsecured claim:</b>	
				<input type="checkbox"/> Student loans	
				<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
				<input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Who incurred the debt?</b> Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim relates to a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.70	TCF Nonpriority Creditor's Name 1405 XENIUM LN N STE 180 Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Minneapolis Minnesota 55441 City State Zip Code	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.71	The University of Ill. at Chicago Physician Group Nonpriority Creditor's Name 7720 Solution Center Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Chicago Illinois 60677 City State Zip Code	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.72	THROUGH THE COUNTRY DO Nonpriority Creditor's Name 1112 7TH AVE Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	MONROE Wisconsin 53566 City State Zip Code	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Notice Only	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.73	Tiburon Financial LLC Nonpriority Creditor's Name PO Box 770 Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$166.00
	Boys Town Nebraska 68010 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.74	T-Mobile Nonpriority Creditor's Name 12920 SE 38TH STRE Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$606.00
	BELLEVUE Washington 98006 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.75	Transworld Nonpriority Creditor's Name 3705 Brookside Pkwy Number Street Suite 510	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$69.00
	Atlanta Georgia 30339 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - _____	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.76	U S DEPT OF ED/GSL/ATL Nonpriority Creditor's Name PO BOX 2287 Number Street  ATLANTA Georgia 30301 City State Zip Code	Last 4 digits of account number 9221 When was the debt incurred? 9/2010  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,367.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.77	U S DEPT OF ED/GSL/ATL Nonpriority Creditor's Name PO BOX 2287 Number Street  ATLANTA Georgia 30301 City State Zip Code	Last 4 digits of account number 3979 When was the debt incurred? 9/2010  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,723.00
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.78	United Recovery Service, LLC Nonpriority Creditor's Name 18525 Torrence Ave Ste C6 Number Street  Lansing Illinois 60438 City State Zip Code	Last 4 digits of account number n/a When was the debt incurred?  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38.73
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.79	University of Chicago Medicine Nonpriority Creditor's Name 15965 Collections Center Dr Number Street	Last 4 digits of account number _____	\$995.00
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	Collecting For - Medical bills
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.80	Urban Equities Real Estate Nonpriority Creditor's Name 1602 W. Granville Avenue Number Street	Last 4 digits of account number _____	\$1,099.00
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	Collecting For - Eviction-10-M1-728486	
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
4.81	Urban Equities Real Estate Nonpriority Creditor's Name 1602 W. Granville Avenue Number Street	Last 4 digits of account number _____	\$0.00
		When was the debt incurred? _____	n/a
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	Collecting For - Eviction-10-M1-728486	
	<b>Who incurred the debt?</b> Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b>		
	<b>Is the claim subject to offset?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.82	Village of Dolton Nonpriority Creditor's Name 14122 Chicago Road Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
	Dolton Illinois 60419 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For - parking ticket	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.83	Womens Healthcare of Illinois Nonpriority Creditor's Name 9730 S. Western Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$58.00
	Evergreen Park Illinois 60805 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.84	Xfinity Nonpriority Creditor's Name 1701 JFK Boulevard Number Street	Last 4 digits of account number _____ When was the debt incurred? _____ n/a  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$800.00
	Philadelphia Pennsylvania 19103 City State Zip Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Collecting For -	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	<b>Check if this claim relates to a community debt</b> <input type="checkbox"/>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Linebarger Goggan Blair & Sampson, LLP

Name

Po Box 659443

Number Street

San Antonio

Texas

78265

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check  
one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
 Add the amounts for each type of unsecured claim.

		<b>Total claims</b>
Total claims from Part 1	<b>6a. Domestic support obligations.</b>	6a. \$0.00
	<b>6b. Taxes and certain other debts you owe the government</b>	6b. \$6,000.00
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$0.00
	<b>6d. Other. Add all other priority unsecured claims. Write that amount here.</b>	6d. \$0.00
	<b>6e. Total. Add lines 6a through 6d.</b>	6e. \$6,000.00
Total claims from Part 2	<b>6f. Student loans</b>	6f. \$159,935.00
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$0.00
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$0.00
	<b>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</b>	6i. \$22,275.83
	<b>6j. Total. Add lines 6f through 6i.</b>	6j. \$182,210.83

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

#### 1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

#### 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 Ellison, Wyoming Name  Number      Street  City      State      Zip Code	Residential Lease, Debtor is Lessee, Residential Lease

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Patricia		Ashley	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

- No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Patricia			Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Illinois (State)	
Case number (If known)			

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Occupation		
Employer's name	General Service Administration	
Employer's address	230 S. Dearborn Number Street	
Chicago	Illinois	60603
City	State	Zip Code
How long employed there?		

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1	For Debtor 2 or non-filing spouse
2. _____ \$7,930.00	
3. _____ + \$0.00	
4. _____ \$7,930.00	

Debtor 1 Patricia	Ashley	Case number (if known)
First Name	Middle Name	Last Name
	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	→ 4.      \$7,930.00	
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a.      \$1,721.44	
5b. Mandatory contributions for retirement plans	5b.      \$0.00	
5c. Voluntary contributions for retirement plans	5c.      \$216.67	
5d. Required repayments of retirement fund loans	5d.      \$0.00	
5e. Insurance	5e.      \$813.65	
5f. Domestic support obligations	5f.      \$0.00	
5g. Union dues	5g.      \$0.00	
5h. Other deductions. Specify: <u>Involuntary Deductions for Employment</u>	5h. +      \$63.44	+ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.      \$2,815.19	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.      \$5,114.81	
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.      \$0.00	
8b. Interest and dividends	8b.      \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.      \$0.00	
8d. Unemployment compensation	8d.      \$0.00	
8e. Social Security	8e.      \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: _____	8f.      \$0.00	
8g. Pension or retirement income	8g.      \$0.00	
8h. Other monthly income. Specify: _____	8h. +      \$0.00	+ _____
<b>9. Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.      \$0.00	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.      \$5,114.81	=      \$5,114.81
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. +      \$0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.      \$5,114.81	
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (If known)			

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

##### 2. Do you have dependents?

No

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes. Fill out this information for each dependent .....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
------------------------------------	--	--	-----------------	-------------------------------

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4.	\$1,350.00
<b>If not included in line 4:</b>	
4a. Real estate taxes	4a. \$0.00
4b. Property, homeowner's, or renter's insurance	4b. \$25.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$0.00
4d. Homeowner's association or condominium dues	4d. \$0.00

Debtor 1 First Name	Middle Name	Last Name	Case number (if known)
Your expenses			
<b>5. Additional mortgage payments for your residence, such as home equity loans</b>			5. <u>\$0.00</u>
<b>6. Utilities:</b>			
6a. Electricity, heat, natural gas	6a.	\$500.00	
6b. Water, sewer, garbage collection	6b.	\$44.00	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$390.00	
6d. Other. Specify: _____	6d	\$0.00	
<b>7. Food and housekeeping supplies</b>			7. <u>\$402.00</u>
<b>8. Childcare and children's education costs</b>			8. <u>\$0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>			9. <u>\$180.00</u>
<b>10. Personal care products and services</b>			10. <u>\$80.00</u>
<b>11. Medical and dental expenses</b>			11. <u>\$400.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments			12. <u>\$483.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>			13. <u>\$0.00</u>
<b>14. Charitable contributions and religious donations</b>			14. <u>\$0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a	\$270.00	
15b. Health insurance	15b	\$0.00	
15c. Vehicle insurance	15c	\$100.00	
15d. Other insurance. Specify: _____	15d	\$0.00	
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____			16. <u>\$0.00</u>
<b>17. Installment or lease payments:</b>			
17a. Car payments for Vehicle 1	17a	\$0.00	
17b. Car payments for Vehicle 2	17b	\$0.00	
17c. Other. Specify: _____	17c	\$0.00	
17d. Other. Specify: _____	17d	\$0.00	
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>			18. <u>\$0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____			19. <u>\$0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>			
20a. Mortgages on other property	20a	\$0.00	
20b. Real estate taxes.	20b	\$0.00	
20c. Property, homeowner's, or renter's insurance	20c	\$0.00	
20d. Maintenance, repair, and upkeep expenses.	20d	\$0.00	
20e. Homeowner's association or condominium dues	20e	\$0.00	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

21. Other. Specify: Recreational Clubs, Contributions to son, Home alarm system 21 \$290.00

22. Calculate your monthly expenses.

- 22a. Add lines 4 through 21.  
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
22c. Add line 22a and 22b. The result is your monthly expenses.

22. \_\_\_\_\_ \$4,514.00  
\$0.00  
\$4,514.00

23. Calculate your monthly net income.

- 23a. Copy line 12 (your combined monthly income) from Schedule I.  
23b. Copy your monthly expenses from line 22 above.  
23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income.

23a \$5,114.81  
23b \$4,514.00  
23c \$600.81

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No

Yes

Explain here:

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (If known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Patricia Ashley

Signature of Debtor 1

Date 5/30/2017  
MM/DD/YYYY

**X**

Signature of Debtor 2

Date \_\_\_\_\_  
MM/DD/YYYY

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
City State Zip Code		From _____ To _____	From _____ To _____
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
City State Zip Code		From _____ To _____	From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$36523.20	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2016</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$86615.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2015</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$85662.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:	_____	_____	_____
For last calendar year: (January 1 to December 31, <u>2016</u> ) YYYY	_____	_____	_____
For the calendar year before that: (January 1 to December 31, <u>2015</u> ) YYYY	_____	_____	_____

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Number Street	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Number Street	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
City State Zip Code	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment <i>Include creditor's name</i>
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	
Insider's Name	_____	_____	_____	
Number Street	_____	_____	_____	
City State Zip Code	_____	_____	_____	

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ Case number _____		Court Name _____ NumberStreet _____ City      State      Zip Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ Case number _____		Court Name _____ NumberStreet _____ City      State      Zip Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City      State      Zip Code		_____	_____
	Explain what happened		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City      State      Zip Code		_____	_____
	Explain what happened		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number: XXXX-

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

#### Part 5: List Certain Gifts and Contributions

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person \_\_\_\_\_

Describe the gifts	Dates you gave the gifts	Value

Person to Whom You Gave the Gift \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

Person to Whom You Gave the Gift \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person's relationship to you \_\_\_\_\_

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  _____ _____	_____	_____	_____
Number Street  _____ _____	_____	_____	_____
City _____ State _____ Zip Code _____	_____	_____	_____

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____	_____	_____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee - 500.00  _____	5/26/2017	\$500.00
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Person's relationship to you \_\_\_\_\_

Person Who Received Transfer \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Person's relationship to you \_\_\_\_\_

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**

(These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust \_\_\_\_\_

Description and value of the property transferred	Date transfer was made

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Person Who Was Paid	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____
Number Street			_____
City State Zip Code			
Person Who Was Paid	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____
Number Street			_____
City State Zip Code			

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State Zip Code		

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State Zip Code		

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

## **Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

<b>Where is the property?</b>	<b>Describe the contents</b>	<b>Value</b>
Number Street		_____
City	State	Zip Code

## **Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
  - *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
  - *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Fill in the details.

<b>Governmental unit</b>	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Governmental unit		
Number Street		
City	State	Zip Code

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

<b>Governmental unit</b>	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Governmental unit		
Number Street		
City	State	Zip Code

Debtor 1 Patricia \_\_\_\_\_ Ashley \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
_____	_____	_____	<input type="checkbox"/> Pending
Case number	Court Name NumberStreet	_____	<input type="checkbox"/> On appeal
_____	City State Zip Code	_____	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State Zip Code	Name of accountant or bookkeeper	Dates business existed
From _____ To _____	_____	From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State Zip Code	Name of accountant or bookkeeper	Dates business existed
From _____ To _____	_____	From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State Zip Code	Name of accountant or bookkeeper	Dates business existed
From _____ To _____	_____	From _____ To _____

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM/DD/YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Patricia Ashley

Signature of Debtor 1

Date 5/30/2017

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois**

In re Patricia Ashley  
Debtor

Case No. \_\_\_\_\_  
(If known)  
Chapter Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$4,000.00</u>
Prior to the filing of this statement I have received	<u>\$500.00</u>
Balance Due	<u>\$3,500.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify) \_\_\_\_\_

3. The source of the compensation paid to me is:

Debtor       Other (specify) \_\_\_\_\_

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

5/30/2017

Date

/s/ Chris Pryor

Signature of Attorney

Semrad Law Firm

Name of law firm

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

**RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN  
CHAPTER 13 DEBTORS AND THEIR ATTORNEYS**

**(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)**

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

**A. BEFORE THE CASE IS FILED**

**THE DEBTOR AGREES TO:**

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

**THE ATTORNEY AGREES TO:**

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

**B. AFTER THE CASE IS FILED**

THE DEBTOR AGREES TO:

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
17. Provide any other legal services necessary for the administration of the case.

**C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES**

1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

**D. RETAINERS AND PREVIOUS PAYMENTS**

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:  
Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.

2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

**E. CONDUCT AND DISCHARGE**

1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
3. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

**F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES**

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00 ; and \$61.76 for expenses, leaving a balance due of \$3,871.76
4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 5/30/2017

Signed:

/s/ Patricia Ashley

Debtor(s)

/s/ Chris Pryor

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

- **You are an individual filing for bankruptcy,**  
and
- **Your debts are primarily consumer debts.**

*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

## Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	
\$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
<hr/>	
\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+        \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+        \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing - in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://www.justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit20AndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

In re: Ashley, Patricia \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) \_\_\_\_\_ Chapter. \_\_\_\_\_ **Chapter13** \_\_\_\_\_

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 5/30/2017 \_\_\_\_\_ /s/ Ashley, Patricia \_\_\_\_\_  
\_\_\_\_\_  
Ashley, Patricia  
*Signature of Debtor*

DEPT OF EDUCATION/NELN  
121 S 13TH ST  
LINCOLN, NE, 68508

U S DEPT OF ED/GSL/ATL  
PO BOX 2287  
ATLANTA, GA, 30301

REGION RECOV  
5252 HOHMAN  
HAMMOND, IN, 46325

CREDITONEBNK  
PO BOX 98872  
LAS VEGAS, NV, 89193

FIRST PREMIER BANK  
c/o Jefferson Capital Systems LLC PO Box 7999  
c/o Linda Dold  
Saint Cloud, MN, 56302

I C SYSTEM INC  
PO BOX 64378  
SAINT PAUL, MN, 55164

REGIONAL RECOVERY SERV  
PO BOX 3333  
Munster, IN, 46321

IRS 1  
PO Box 7346  
Philadelphia, PA, 19101

Urban Equities Real Estate  
1602 W. Granville Avenue  
Chicago, IL, 60660

EMP  
100 S Owasso Blvd  
Saint Paul, MN, 55117

Illinois Bell Telephone Company  
One AT&T Way, Room 3A218  
Bedminster, NJ, 07921

Peoples Gas Light & Coke Co.  
200 E. Randolph St.  
Chicago, IL, 60601

City of Chicago - Dep't of Revenue  
PO Box 88292  
Chicago, IL, 60608

Home at Five  
PO BOX 2848  
Monroe, WI, 53566

Commonwealth Edison  
3 Lincoln Ctr  
Attn: Bankruptcy Department  
Oakbrook Ter, IL, 60181

AT&T Mobility II LLC  
One AT&T Way, Room 3A104  
C/O Debbie Beeman  
Bedminster, NJ, 07921

ECMC  
PO Box 16408  
Saint Paul, MN, 55116

ISAC  
PO Box 6180  
Indianapolis, IN, 46206

RIC  
345 E. Superior St.  
Chicago, IL, 60611

Northwestern Medicine  
Po Box 4090  
Carol Stream, IL, 60197

HCFS Healthcare Financial Services, LLC  
3429 Regal Drive  
Alcoa Billing Center  
Alcoa, TN, 37701

ARS  
1801 NW 66TH AVE SUITE 200  
FORT LAUDERDAL, FL, 33313

Ingalls Memorial Hospital  
27685 Network Place  
Chicago, IL, 60673

Providea Health Partners, LLC  
10260 191st St Ste 100  
Mokena, IL, 60448

Southwest Laboratory Physicians, SC  
Dept 77-9288  
Chicago, IL, 60678

MiraMed Revenue Group, LLC  
Po Box 7700  
Dept 77304  
Detroit, MI, 48277

Franciscan Alliance, Inc.  
2434 Interstate Plaza Dr Ste 2  
Hammond, IN, 46324

Advocate Health Care  
4001 Vollmer Rd  
Olympia Flds, IL, 60461

radiology Imaging Consultants, SC  
75 Remittance Dr - dept 1324  
Chicago, IL, 60675

CMRE FINANCIAL SERVICE  
3075 E Imperial Hwy Ste 200  
Brea, CA, 92821

Infinity Smile Dental  
16280 Prince Dr.  
South Holland, IL, 60473

Oak Dental Associates  
10232 Central Avenue  
Oak Lawn, IL, 60453

IC System  
PO Box 64437  
Saint Paul, MN, 55164

Linebarger Goggan Blair & Sampson, LLP  
233 S WACKER #4030  
Chicago, IL, 60606

Municipal Collections of America  
3348 Ridge Rd.  
Lansing, IL, 60438

Village of Dolton  
3348 Ridge Rd  
Municipal Collection of America  
Lansing, IL, 60438

Credit Bureau Centre  
PO Box 273  
Monroe, WI, 53566

Illinois Tollway  
PO Box 5544  
Chicago, IL, 60680

Advocate Medical Group  
75 Remittance Dr Dept 1773  
Chicago, IL, 60675

IICCL-Integrated Imaging Consultants, PLL  
44000 Garfield Rd.  
Clinton Township, MI, 48038

HRRG  
P.O. Box 459080  
Fort Lauderdale, FL, 33345

Global Executive Solutions  
4020 S. 57th Avenue  
104  
Lake Worth, FL, 33463

ADT  
1 Town Center Rd.  
Boca Raton, FL, 33486

Xfinity  
1701 JFK Boulevard  
Philadelphia, PA, 19103

University of Chicago Medicine  
15965 Collections Center Dr  
Chicago, IL, 60693

Womens Healthcare of Illinois  
9730 S. Western  
Evergreen Park, IL, 60805

Advocate Christ Medical Center  
2701 High Point Dr STE 124  
Lewisville, TX, 75067

AFNI  
1310 Martin Luther King Dr  
Bloomington, IL, 61701

ALCOA Billing Center  
3429 Regal Dr  
Alcoa, TN, 37701

AMG Heart and Vascular of IL  
75 remittance Drive  
155  
Chicago, IL, 60675

Asset Recovery Solutions LLC  
2200 E Devon Ave, Suite 200  
Des Plaines, IL, 60018

BCA FINANCIAL SERVICES  
18001 OLD CUTLER RD STE  
PALMETTO BAY, FL, 33157

Blue Cross and Blue Shield of Illinois  
PO Box 7344  
Chicago, IL, 60680

Convergent  
PO Box 9004  
Renton, WA, 98057

Consultants in Clinical Pathology, LTD  
Po Box 5979  
Carol Stream, IL, 60197

Credit Collection Services  
725 Canton Street  
Norwood, MA, 02062

Credit Management  
4200 INTERNATIONAL  
CARROLLTON, TX, 75007

Diversified Services Group  
1824 W. Grand Ave, Suite 200  
Chicago, IL, 60622

Dolton Dental  
1350 E Sibley Blvd  
302  
Dolton, IL, 60419

Evergreen Anesthesia and Pain Management Service  
PO Box 631  
Lake Forest, IL, 60045

FIRST NATIONAL COLLECT  
610 Waltham Way  
Sparks, NV, 89434

JEFFERSON CAPITAL SYSTEM  
PO BOX 11898  
Atlanta, GA, 30355

Keranique  
PO box 1366  
Hoboken, NJ, 07030

LCA Collections  
PO Box 2240  
Laboratory Corporation of America  
Burlington, NC, 27216

Little Company of Mary  
5660 W 95th St  
Oak Lawn, IL, 60453

Med Business Bureau  
PO Box 1219  
Park Ridge, IL, 60068

National Service Bureau Inc.  
18912 N. Creek Parkway  
Ste 205  
Bothell, WA, 98011

Nicor Gas  
PO Box 0632  
Aurora, IL, 60507

North Shore Agency  
9525 Sweet Valley Drive, Building A  
Cleveland, OH, 44125

Protection One  
PO Box 8118  
Wichita, KS, 67201

TCF  
1405 XENIUM LN N STE 180  
Minneapolis, MN, 55441

The University of Ill. at Chicago Physician Group  
7720 Solution Center  
Chicago, IL, 60677

THROUGH THE COUNTRY DO  
1112 7th Avenue  
Monroe, WI, 53566

Tiburon Financial LLC  
PO Box 770  
Boys Town, NE, 68010

T-Mobile  
P O box 742596  
Cincinnati, OH, 45274

Transworld  
507 Prudential Rd  
Horsham, PA, 19044

United Recovery Service, LLC  
18525 Torrence Ave Ste C6  
Lansing, IL, 60438

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN  
CHAPTER 13 DEBTORS AND THEIR ATTORNEYS**

**(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)**

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

**A. BEFORE THE CASE IS FILED**

**THE DEBTOR AGREES TO:**

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

**THE ATTORNEY AGREES TO:**

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

**B. AFTER THE CASE IS FILED**

**THE DEBTOR AGREES TO:**

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
9. Supply the attorney with copies of all tax returns filed while the case is pending.

**THE ATTORNEY AGREES TO:**

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
17. Provide any other legal services necessary for the administration of the case.

**C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES**

1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

**D. RETAINERS AND PREVIOUS PAYMENTS**

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:  
Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.

2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

**E. CONDUCT AND DISCHARGE**

1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
3. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

**F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES**

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00 ; and \$61.76 for expenses, leaving a balance due of \$3,871.76
4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 5/26/2017

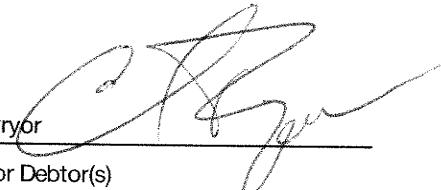
Signed:

/s/ Patricia Ashley-Simmons

Patricia Ashley-Simmons

Debtor(s)

/s/ Chris Pryor

  
Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

Debtor 1 Patricia \_\_\_\_\_  
 First Name Ashley \_\_\_\_\_  
 Middle Name Last Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts.		
17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input type="checkbox"/> No. <input type="checkbox"/> Yes.		
18. How many creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	/s/ Patricia Ashley	Patricia Ashley	
	Signature of Debtor 1		Signature of Debtor 2
	Executed on 5/26/2017	MM / DD / YYYY	Executed on _____
			MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Patricia		Ashley
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Illinois (State)
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**x** /s/ Patricia Ashley  
Signature of Debtor 1

Date 5/26/2017  
MM/DD/YYYY

**x**  
Signature of Debtor 2

Date  
MM/DD/YYYY

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

16. Calculate the median family income that applies to you. Follow these steps:

- 16a. Fill in the state in which you live. Illinois
- 16b. Fill in the number of people in your household. 1
- 16c. Fill in the median family income for your state and size of household  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. \$50,765.00

17. How do the lines compare?

- 17a.  Line 16b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Disposable Income (Official Form 122C-2)*.
- 17b.  Line 16b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Disposable Income (Official Form 122C-2)*. On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. \$7,384.57
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. -\$0.00
- 19a. If the marital adjustment does not apply, fill in 0 on line 19a.
- 19b. Subtract line 19a from line 18. \$7,384.57
20. Calculate your current monthly income for the year. Follow these steps:
- 20a. Copy line 19b.  
Multiply by 12 (the number of months in a year). \$7,384.57
- 20b. The result is your current monthly income for the year for this part of the form. \$88,614.84
- 20c. Copy the median family income for your state and size of household from line 16c. \$50,765.00

21. How do the lines compare?

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Patricia Ashley

Signature of Debtor 1

Date 5/26/2017  
MM/DD/YYYY

X

Signature of Debtor 2

Date \_\_\_\_\_  
MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1 Patricia Ashley Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date Issued

Name \_\_\_\_\_

MM/DD/YYYY

Number Street \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Patricia Ashley  
Signature of Debtor 1

*Patricia Ashley*

Signature of Debtor 2

Date 5/26/2017

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

In re: Ashley, Patricia  
Debtor(s)

Case No. \_\_\_\_\_

Chapter. Chapter13

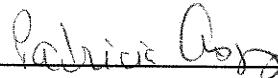
**VERIFICATION OF CREDITOR MATRIX**

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 5/26/2017

/s/ Ashley, Patricia

Ashley, Patricia  
Signature of Debtor



Debtor 1 Patricia \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Ashley \_\_\_\_\_ Last Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

/s/ Patricia Ashley  
Signature of Debtor 1

Date 5/26/2017  
MM/DD/YYYY

\_\_\_\_\_  
Signature of Debtor 2

Date  
MM/DD/YYYY